PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE IEEE and PUBLICATION IEEE (if required). Blocks. I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fee even will be mailed to the current correspondence address; and/or (b) indicating a separate 'FEE ADDRESS' for unintennance fee in contilications.

CURRIENT CORRESPONDENCE ADDRESS (Now the Block 1 for my churge of address).

Note: A certificate of mailing can be used for oney other accompanying appears. Each additional paper, such as an assignment of Foundational and admining many papers. Each additional paper, such as an assignment of Foundational and admining many papers. Each additional paper, such as an assignment of Foundational paper, such as an assignment of Foundational paper.

27896	7590 04/22	2/2009	-			m		
EDELL, SHAF 1901 RESEARC SUITE 400	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmitta is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.							
ROCKVILLE, N	AD 20850		[(Depositor's name)	
							(Signature)	
			[(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/865,295 05/24/2001		Gianpaolo Barozzi		0370.0732C		5183		
TITLE OF INVENTION	: OPTICAL LINK PER	FORMANCE MONITO	ORING					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	07/22/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7				
SINGH, D	ALZID E	2613	398-014000					
Change of corresponde CFR 1.363).	ence address or indication	2. For printing on the patent front page, list						
	ondence address (or Cha 3/122) attached.	(1) the names of up or agents OR, altern	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address 2 or more recent) attacl	r 2 registered patent a listed, no name will	2 registered patent attorneys or agents. If no name is slisted, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED O	N THE PATENT (print or	type)				
PLEASE NOTE: Unl	less an assignee is ident	ified below, no assign	ee data will appear on the	patent. If an assign	nee is io	dentified below, the do	cument has been filed for	
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE								
Cisco Tecl	hnology, In	San Jos	San Jose, CA					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government								
4a. The following fee(s):	are submitted:		4b. Payment of Fee(s): (I	ease first reapply a	ny prev	viously paid issue fee s	hown above)	
☑ Issue Fee		A check is enclose	A check is enclosed.					
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				22 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.5 − 0.4 €.0 (enclose an extra copy of this form).				
■ Advance Order - 4	# of Copies		overpayment, to D	posit Account Numb	rge tne er _0.5	required fee(s), any det i = 0.460 (enclose an	extra copy of this form).	
5. Change in Entity Star	tus (from status indicate s SMALL ENTITY stat		☐ b. Apolicant is no.	onger claiming SMA	LL EN	TITY status. See 37 CF.	R 1 27(e)(2)	
							assignee or other party in	
Authorized Signature	/D. Andrew	Floam/		Date Ag	oril	28, 2009		
Typed or printed name D. Andrew Floam				Registration No		34,597		
			ation is required to obtain				by the LISPTO to process)	
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 35 tiality is governed by 35 tapplication form to the cons for reducing this but irginia 22313-1450. DO 13-1450.	U.S.C. 122 and 37 CF USPTO. Time will v. rden, should be sent to D NOT SEND FEES O	FR 1.14. This collection is ary depending upon the in the Chief Information Of FR COMPLETED FORMS	estimated to take 12 lividual case. Any c icer, U.S. Patent and TO THIS ADDRES	minute: ommen Trader S. SEN	s to complete, including ts on the amount of tim nark Office, U.S. Depa D TO: Commissioner fo	by the USPTO to process) g gathering, preparing, and se you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.